# CALIFORNIA 501

#### Who Files:

A candidate for state or local office must file this form for each election, including reelection to the same office. Exception: Candidates for county central committee offices that do not raise or spend \$1,000 or more in a calendar year.

#### **Bank Account:**

A separate campaign bank account must be established including campaigns that are self funded by the candidate. Exception: A bank account is not required if a candidate will not receive contributions or make personal expenditures of less than \$1,000. The filing and statement of qualification fees are not included in calculating the \$1,000.

#### Where to File:

## **State Candidates (including Judges):**

Secretary of State Political Reform Division 1500 11th Street, Room 495 Sacramento, CA 95814 Phone (916) 653-6224 www.sos.ca.gov

#### **Local Candidates:**

Generally your county election office or city clerk. Electronic filing may be required.

#### When to File:

File the Form 501 before you solicit or receive any contributions or before you make expenditures from personal funds on behalf of your candidacy. This form is considered filed the date it is postmarked or hand delivered.

Ensure campaign deadlines are met. Go to www.fppc. ca.gov for campaign disclosure filing schedules.

### **How to Complete:**

All candidates: Complete Parts 1 and 3. Candidates for elective state office: Complete Parts 1, 2, and 3.

Exception: Candidates for an election to the State Public Employees Retirement Board and the Teachers' Retirement Board do not complete Part 2.

#### Part 1. Candidate Information

- Enter your name and street address.
- Enter the title of the office sought, agency name and district number if any (e.g., City Council member, City of Smalltown, Dist. 5), and political party affiliation, if seeking a partisan office.
- Check the appropriate box regarding the office's jurisdiction.

## Part 2. Voluntary Expenditure Ceiling

This section applies to certain candidates for elective state offices, including State Senate and Assembly and statewide offices.

The voluntary expenditure ceiling applicable to your office is set forth in FPPC Regulation 18545. You must state whether you accept or reject the expenditure ceiling. Candidates who accept the voluntary expenditure limit will be designated in either the state ballot pamphlet (statewide candidates) or the voter information portion of the sample ballot (Senate and Assembly candidates) and may purchase space for a 250-word statement there.

You may amend the Form 501 to change your acceptance or rejection of the voluntary expenditure ceiling only under the following circumstances:

 Between the date of filing an initial Form 501 for an election and the deadline for filing nomination papers for that election, you may amend your statement of acceptance or rejection of the voluntary expenditure ceiling no more than two times as long as the limit has not been exceeded.  If you reject the voluntary expenditure ceiling in the primary or special election but do not exceed the ceiling during that election, you may amend the Form 501 to accept the expenditure ceiling for the general or special runoff election and receive all of the benefits accompanying the acceptance of the expenditure ceiling. The amended Form 501 must be filed within 14 days following the primary or special election.

#### **Personal Funds Notification:**

You must disclose, if applicable, the date you contribute personal funds to your own campaign that exceed the expenditure ceiling. File an amended Form 501 within 24 hours by guaranteed overnight delivery, personal delivery, or, if applicable, by electronic means.

#### Part 3. Verification

The verification is made under penalty of perjury.

This form was prepared by the Fair Political Practices Commission (FPPC). For detailed information on campaign reporting requirements and the Information Practices Act of 1977, see the FPPC <u>Campaign Disclosure Manual</u>.

FPPC Form 501 (Apr/2011)
FPPC Form 501 Instructions - Rev. 1 (Dec/2012)FPPC
Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

						CANDIDATE INTENTION STATEMENT		
Candidate In	tention Sta	atement		Type or Print in Ir	k.	Date Stamp	CALIFORNIA 501	
Check One:	☐Initial	□Amen	dment (Explain)				For Official Use Only	
1. Candidate In	nformation:							
NAME OF CANDIDATE (Last, First, Middle Initial)				DAYTIME TELEPHONE NUM	BER FAX N	NUMBER (optional) E-MAIL	(optional)	
STREET ADDRESS				CITY	(	STATE ZIP CO	DE	
OFFICE SOUGHT (POSI	TION TITLE)		AGENCY NAME			DISTRICT NUMBER, if applicable.	□ NON-PARTISAN	
OFFICE JURISDICTION  State (Complete  City  City		lti-County:		(Name of Multi-County Jurisdiction)		(Year of Election)	PARTY:	
(Check one box)	rimary/general		(Year of Election) g for the election st	Special/runoff election				
☐ I do not acc Amendmer ○ I did no	ept the volunta	ry expenditu	re ceiling for the ele	ection stated above.	on://_	and I accept the volur	ntary expenditure ceiling for	
(Mark if applicable)	/, I cor	ntributed pers	sonal funds in exces	ss of the expenditure ceiling	ng for the election	on stated above.		
3. Verification: I certify under	penalty of pe	jury under	the laws of the Sta	ate of California that the	foregoing is tr	ue and correct.		
Executed on	(month, day,	year)	, Signature ـ	(Candi	date)		FPPC Form 501 (April/2011	